

**STATE OF DELAWARE**  
**Office of Public Carrier**  
**DELAWARE TRANSIT CORPORATION**  
119 LOWER BEECH STREET  
WILMINGTON, DE 19805

**Phone: 1-800-652-3278 Fax: (302) 577-1042**

**Duplicate Medallion Sticker Form**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Docket Number: \_\_\_\_\_

**Medallion Information**

License Plate Number: \_\_\_\_\_

Medallion # and Service Territory \_\_\_\_\_

\_\_\_\_\_ Lost or Stolen Medallion – **I hereby assert that taxicab medallion number \_\_\_\_\_ is no longer in my possession of any entity operating as a Public Carrier, as defined by Delaware law.**

\_\_\_\_\_ Replacement Medallion – Please attach the numbered portion of medallion.

\_\_\_\_\_  
Company Representative (Print)

\_\_\_\_\_  
Company Representative (Signature)

**Changes to fleet will not be processed unless an authorized company representative signs this form. The fee for a lost or stolen medallion is \$100.00. The fee for a replacement medallion is \$20.00. Please include a check made payable to DelDOT.**

(For use by the Office of Public Carrier Regulation only)

Date Received: \_\_\_\_\_

Received and Entered By: \_\_\_\_\_